## STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135

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## STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR
JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: _	Douglas A. Thomas		check the appropriate box and fill in strict number.
MAILING ADDRESS: _ CITY: _	Ripley		Member of the Senate, District
ZIP CODE: _	04930	,	
PHONE NUMBER: _	277-3017	Ø	Member of the House, District

## GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

## 5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- Please sign on Page 4.

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- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE REEP A COPY OF THIS STATEMENT FOR YOUR FILES.
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

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PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

		Principal Type of Economic
Name of Employer	<u>Address</u>	Activity of Employer
5-1-		Refail firewo
2.		
		, , , , , , , , , , , , , , , , , , ,
PART II. INCOME DERIVED FRO	M SELF-EMPLOYMENT. (For Leg	gislators who are self-employed.)
<ul> <li>Enter the name and address of you income. If associated with a parto economic activity of that entity.</li> </ul>	er business, if any, and list the major are ership, firm, professional association, o	eas of economic activity from which you derived or similar business entity, list the major areas of
	Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
) January	——————————————————————————————————————	Central Main
. Loug Thomas	tivewood	Central Main
of Business Entity  Doug Thomas  Fire wood		
,		
·		10.000
		e, or an established code of professional ethics, in from whom the income was derived.  Principal Type of Economic Activity
		of Entity or Person Who Is the
Name of Source	<u>Address</u>	Source of Income
Rotail Sircus	10 0	
Fundance Se	lo=	
$\frac{1}{2}$	( <del>-</del> - )	
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ART III. MAJOR AREAS OF PRA		torneys-at-law only.) List your major areas of firm.
	* *	
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
		11111711
	, ,	(ШШ)
		(шш)

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of Income
1. Non-i		
2		
3		
PART V. DISCLOSURE OF RE \$3,000 or more that you received dur not list loans from a relative. If none,	ing the reporting period, and list the ma	e names of creditors for any unsecured loans of or areas of economic activity of each creditor. Do
		Principal Type of Economic
1. Creditor Caro	Address of Creditor	Bank Bank
2.	·	
•		
3.		
PART VI. DISCLOSURE OF Glaggregate value of more than \$300 fr		ch gift of more than \$300. Include gifts with an
1	3.	
PART VII. DISCLOSURE OF E	-	honoraria accepted for appearances or speeches
1	3	
2	4	
•		
	N BEFORE STATE AGENCIES. Ide compensation of any amount. If none,	entify each executive branch agency before which so state.
1.	3	
2	4	

PART IX. BUSINESS WITH STATE AGENCIES. Identify ear	ch executive branch agency to which you or a member of
your immediate family sold goods or services with a value in excess	s of \$1,000 during the reporting period. If none, so state.
1. Maine State Housing 2.	
	·
PART X. INCOME RECEIVED BY MEMBERS OF IMMED	ІАТЕ ГАМІLУ.
List the type of economic activity representing each source of income child(ren) during the reporting period and the kind of income representation received by spouse and (D) beside sources of income received.	ented. Do not include gifts. Indicate (S) beside sources of
Type of Economic Activity	•
Representing Each Source of	
Income Received	Kind of Income
1.	·
7	
2	
3.	Virginia III.
4	
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4	
The intentional filing of a false statement shall be a Clas	s E crime. If the Commission concludes that it
appears that a Legislator has willfully filed a false staten	nent, it shall refer its findings of fact to the
Attorney General. If the Commission determines that a statement or has willfully filed a false statement, the Leg	Legislator has willfully failed to file a required islator shall be presumed to have a conflict of
interest on every question and shall be precluded from <b>v</b>	oting on any question in committee or in either
branch of the Legislature, and shall not attempt to influ	ence the outcome of any question. A Legislator
who willfully fails to file a required statement is subject the State and reserve the fire a similar time.	to a civil penalty not to exceed \$1,000, payable to
the State and recoverable in a civil action. (1 M.R.S.A. §	1019)
Signature Signature	
Signature	Date
$\checkmark$	